

<i>SERFF Tracking Number:</i>	<i>GRJR-125561988</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38730</i>
<i>Company Tracking Number:</i>	<i>CLI142</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy</i>		
<i>Project Name/Number:</i>	<i>Form CLI-142-AR (4/08), Worksite Term/Form CLI-142-AR (4/08), Worksite Term</i>		

Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -

Fixed/Indeterminate Premium

Filing Type: Form

SERFF Status: Closed

Co Tr Num: CLI142

Co Status: Submitted

Author: Jennifer Henley

Date Submitted: 04/16/2008

State Tr Num: 38730

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/25/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: 09/01/2008

State Filing Description:

General Information

Project Name: Form CLI-142-AR (4/08), Worksite Term

Project Number: Form CLI-142-AR (4/08), Worksite Term

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This form was submitted to our domiciliary state, Ohio, on April 9, 2008; and approval is pending.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/25/2008

State Status Changed: 04/25/2008

Corresponding Filing Tracking Number:

Filing Description:

FEIN: 31-1213778

NAIC: 76236

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Subject:

SERFF Tracking Number: GRJR-125561988 *State:* Arkansas
Filing Company: The Cincinnati Life Insurance Company *State Tracking Number:* 38730
Company Tracking Number: CLI142
TOI: L041 Individual Life - Term *Sub-TOI:* L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy
Project Name/Number: Form CLI-142-AR (4/08), Worksite Term/Form CLI-142-AR (4/08), Worksite Term

The Cincinnati Life Insurance Company

Individual Life Form

Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy

Replaces:

Form CLI-132 (1/00), Level Term Life Insurance to Expiry Date Policy, previously approved by your Department on May 10, 2000

Dear Sir or Madame:

We are submitting the subject policy form for your review and approval. This form is new and replaces the form referenced above. The implementation date for this policy form will be September 1, 2008, or upon your approval if later.

This form will not be illustrated in accordance with the NAIC Life Insurance Model Regulation.

This is a level term, convertible life insurance policy with a guaranteed term period of 20 years. The issue ages are 16 through 62.

The policy will be marketed for general life insurance purposes by an independent agency force in the worksite market where we reasonably believe that the Norris Decision applies and unisex rates are required. It will be available with smoker and nonsmoker classifications.

The primary reason for this submission is conversion to the 2001 Commissioners' Standard Ordinary Mortality Table. Nothing in this form has been previously disapproved by your Department. It does not contain any provision, condition, feature or concept that departs from those generally used by the industry and that could be construed as new, innovative, uncommon or unusual.

Form CLI-1015-AR (5/04), Application for Life Insurance, which was previously approved by your Department on August 25, 2004, or any other appropriate approved application in the future, will be used with this policy.

SERFF Tracking Number: GRJR-125561988 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 38730
Company Tracking Number: CLI142
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy
Project Name/Number: Form CLI-142-AR (4/08), Worksite Term/Form CLI-142-AR (4/08), Worksite Term

A Flesch Score Readability Analysis was done, and the test score is 51.9.

This form was submitted to our domiciliary state, Ohio, and approval is pending.

In light of the above, your consideration and approval of this submission is greatly appreciated.

Sincerely

Jennifer Henley
Analyst, Life Forms and Filing
Phone: 513-870-2251 Fax: 513-870-2099
E-mail: jenny_henley@cinfin.com

Company and Contact

Filing Contact Information

Jennifer Henley, Analyst jenny_henley@cinfin.com
P.O. Box 145496 (513) 870-2251 [Phone]
Cincinnati, OH 45250-5496 (513) 870-2099[FAX]

Filing Company Information

The Cincinnati Life Insurance Company	CoCode: 76236	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2654 ext. [Phone]	FEIN Number: 31-1213778	

SERFF Tracking Number: GRJR-125561988 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 38730
Company Tracking Number: CLI142
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy
Project Name/Number: Form CLI-142-AR (4/08), Worksite Term/Form CLI-142-AR (4/08), Worksite Term

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 filing X \$50.00 = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$50.00	04/16/2008	19622637

SERFF Tracking Number: GRJR-125561988 *State:* Arkansas
Filing Company: The Cincinnati Life Insurance Company *State Tracking Number:* 38730
Company Tracking Number: CLI142
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy
Project Name/Number: Form CLI-142-AR (4/08), Worksite Term/Form CLI-142-AR (4/08), Worksite Term

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/25/2008	04/25/2008

<i>SERFF Tracking Number:</i>	<i>GRJR-125561988</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38730</i>
<i>Company Tracking Number:</i>	<i>CLII42</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy</i>		
<i>Project Name/Number:</i>	<i>Form CLI-142-AR (4/08), Worksite Term/Form CLI-142-AR (4/08), Worksite Term</i>		

Disposition

Disposition Date: 04/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	GRJR-125561988	State:	Arkansas
Filing Company:	The Cincinnati Life Insurance Company	State Tracking Number:	38730
Company Tracking Number:	CLI142		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:	Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy
Project Name/Number:	Form CLI-142-AR (4/08), Worksite Term/Form CLI-142-AR (4/08), Worksite Term

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Level Term Life Insurance to Expiry Date Policy		Yes

SERFF Tracking Number: GRJR-125561988 State: Arkansas

Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 38730

Company Tracking Number: CLI142

TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy

Project Name/Number: Form CLI-142-AR (4/08), Worksite Term/Form CLI-142-AR (4/08), Worksite Term

Form Schedule

Lead Form Number: CLI-142-AR (4/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form CLI-142-AR (4/08)	Policy/Contract/Fratern al Certificate	Level Term Life Insurance to Expiry Date Policy	Revised	Replaced Form #: Form CLI-132 (1/00) Previous Filing #:	52	AR CLI-142-AR 4-08, Level Term Life to Expiry Date Policy.pdf

**THE
CINCINNATI LIFE INSURANCE COMPANY**

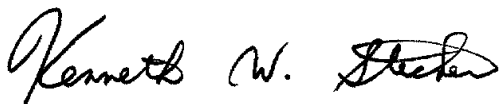
P.O. BOX 145496, CINCINNATI, OHIO 45250-5496
(513) 870-2000

TWENTY DAY RIGHT TO EXAMINE POLICY

We want you to be satisfied with the policy you have purchased. We urge you to examine it closely. If for any reason, you are not satisfied, you may return the policy to us or to any of our agents within twenty days after you received it. We will cancel it and refund all of the premium you paid.

We will pay the Death Benefit to your Beneficiary upon receipt at our Home Office of due proof, as provided by this policy, that your death occurred while this policy was in force. Any premium paid in advance for any period beyond the end of the policy month in which death occurred will be refunded. If the proceeds are not paid within 30 days from the date due proof of death has been forwarded to us, we will pay interest at the rate of 8% per year until the proceeds are paid. We will require surrender of this policy in the course of any settlement.

Executed at our Home Office in Cincinnati, Ohio.



Secretary



President

Level Term Life Insurance to Expiry Date Policy
Convertible to the Policy Anniversary Stated on the Policy
Specifications Page
Premiums Payable to Expiry Date
Nonparticipating

INSURED: JOHN DOE
POLICY NUMBER: CS000000



THE CINCINNATI LIFE INSURANCE COMPANY

POLICY SPECIFICATIONS

BENEFIT	AMOUNT OF BENEFIT	DURATION OF PREMIUM PAYMENTS	INITIAL PREMIUM PER STATED INTERVAL	YEAR OF MATURITY OR EXPIRY
LEVEL TERM TO EXPIRY DATE	[\$100,000.00]	[65] YEARS (1)	[27.58]	[2073] (2)

GUARANTEED TERM PERIOD	20 YEARS
EXCHANGE DATE	[04/01/2028]
CONVERSION DATE	[04/01/2028] (3)
ANNUAL POLICY FEE	\$25.00
REINSTATEMENT INTEREST RATE	6% PER YEAR
MINIMUM SETTLEMENT OPTION INTEREST RATE	1.0%

- (1) PREMIUMS ARE PAYABLE FOR THE PERIOD, WHILE THE INSURED IS LIVING, FROM THE POLICY DATE FOR THE NUMBER OF POLICY YEARS STATED.
- (2) BENEFIT WILL MATURE OR EXPIRE ON THE POLICY ANNIVERSARY IN THE YEAR SHOWN.
- (3) CONVERSION DATE IS THE END OF THE GUARANTEED TERM PERIOD OR THE POLICY ANNIVERSARY NEXT FOLLOWING YOUR 70TH BIRTHDAY, WHICHEVER OCCURS FIRST.

POLICY NUMBER	[CS000000]	DATE OF ISSUE	[04/01/2008]
INSURED	[JOHN DOE]	POLICY DATE	[04/01/2008]
GENDER	[MALE]	EXPIRY DATE	[04/01/2073]
AGE	[35]		

AMOUNT OF BENEFIT \$[100,000.00]

LEVEL TERM TO EXPIRY DATE

[MONTHLY] PREMIUM INTERVALS
FIRST INTERVAL PREMIUM TOTAL [27.58]

BENEFICIARY - AS STATED IN THE ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

STANDARD PREMIUM CLASS

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF CURRENT ANNUAL PREMIUMS

LEVEL TERM TO EXPIRY DATE

Attained Age of Insured	Current Annual Premium*	Attained Age of Insured	Current Annual Premium*	Attained Age of Insured	Current Annual Premium*	Attained Age of Insured	Current Annual Premium*
[35]	[331.00]	[60]	[1,737.00]	[85]	[18,785.00]		
[36]	[331.00]	[61]	[1,913.00]	[86]	[20,673.00]		
[37]	[331.00]	[62]	[2,113.00]	[87]	[22,841.00]		
[38]	[331.00]	[63]	[2,327.00]	[88]	[25,113.00]		
[39]	[331.00]	[64]	[2,553.00]	[89]	[27,395.00]		
[40]	[331.00]	[65]	[2,793.00]	[90]	[29,257.00]		
[41]	[331.00]	[66]	[3,045.00]	[91]	[30,981.00]		
[42]	[331.00]	[67]	[3,313.00]	[92]	[33,351.00]		
[43]	[331.00]	[68]	[3,603.00]	[93]	[36,365.00]		
[44]	[331.00]	[69]	[3,925.00]	[94]	[40,037.00]		
[45]	[331.00]	[70]	[4,291.00]	[95]	[44,023.00]		
[46]	[331.00]	[71]	[4,727.00]	[96]	[47,997.00]		
[47]	[331.00]	[72]	[5,223.00]	[97]	[50,835.00]		
[48]	[331.00]	[73]	[5,751.00]	[98]	[52,631.00]		
[49]	[331.00]	[74]	[6,321.00]	[99]	[55,747.00]		
[50]	[331.00]	[75]	[6,945.00]				
[51]	[331.00]	[76]	[7,637.00]				
[52]	[331.00]	[77]	[8,423.00]				
[53]	[331.00]	[78]	[9,309.00]				
[54]	[331.00]	[79]	[10,289.00]				
[55]	[1,099.00]	[80]	[11,419.00]				
[56]	[1,217.00]	[81]	[12,711.00]				
[57]	[1,335.00]	[82]	[14,067.00]				
[58]	[1,455.00]	[83]	[15,511.00]				
[59]	[1,587.00]	[84]	[17,107.00]				

*THE PREMIUMS FOR ANY ADDITIONAL BENEFITS LISTED ON PAGE 2 ARE INCLUDED.

THIS PREMIUM IS THE CURRENT PREMIUM. YOUR PREMIUM MAY INCREASE BUT WILL NEVER BE GREATER THAN THE MAXIMUM PREMIUM STATED ON PAGE 3A.

POLICY NUMBER	[CS000000]	DATE OF ISSUE	[04/01/2008]
INSURED	[JOHN DOE]	POLICY DATE	[04/01/2008]
GENDER	[MALE]	EXPIRY DATE	[04/01/2073]
AGE	[35]		

AMOUNT OF BENEFIT \$[100,000.00]

LEVEL TERM TO EXPIRY DATE

STANDARD PREMIUM CLASS

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF GUARANTEED MAXIMUM ANNUAL PREMIUMS

LEVEL TERM TO EXPIRY DATE

Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*	Attained Age of Insured	Maximum Annual Premium*
[35]	[331.00]	[60]	[2,593.00]	[85]	[28,165.00]		
[36]	[331.00]	[61]	[2,857.00]	[86]	[30,997.00]		
[37]	[331.00]	[62]	[3,157.00]	[87]	[34,249.00]		
[38]	[331.00]	[63]	[3,478.00]	[88]	[37,657.00]		
[39]	[331.00]	[64]	[3,817.00]	[89]	[41,080.00]		
[40]	[331.00]	[65]	[4,177.00]	[90]	[43,873.00]		
[41]	[331.00]	[66]	[4,555.00]	[91]	[46,459.00]		
[42]	[331.00]	[67]	[4,957.00]	[92]	[50,014.00]		
[43]	[331.00]	[68]	[5,392.00]	[93]	[54,535.00]		
[44]	[331.00]	[69]	[5,875.00]	[94]	[60,043.00]		
[45]	[331.00]	[70]	[6,424.00]	[95]	[66,022.00]		
[46]	[331.00]	[71]	[7,078.00]	[96]	[71,983.00]		
[47]	[331.00]	[72]	[7,822.00]	[97]	[76,240.00]		
[48]	[331.00]	[73]	[8,614.00]	[98]	[78,934.00]		
[49]	[331.00]	[74]	[9,469.00]	[99]	[83,608.00]		
[50]	[331.00]	[75]	[10,405.00]				
[51]	[331.00]	[76]	[11,443.00]				
[52]	[331.00]	[77]	[12,622.00]				
[53]	[331.00]	[78]	[13,951.00]				
[54]	[331.00]	[79]	[15,421.00]				
[55]	[1,636.00]	[80]	[17,116.00]				
[56]	[1,813.00]	[81]	[19,054.00]				
[57]	[1,990.00]	[82]	[21,088.00]				
[58]	[2,170.00]	[83]	[23,254.00]				
[59]	[2,368.00]	[84]	[25,648.00]				

*THE PREMIUMS FOR ANY ADDITIONAL BENEFITS LISTED ON PAGE 2 ARE INCLUDED.

THIS PREMIUM IS THE MAXIMUM PREMIUM. YOUR PREMIUM WILL NEVER BE GREATER THAN THE PREMIUM STATED ABOVE.

POLICY NUMBER	[CS000000]	DATE OF ISSUE	[04/01/2008]
INSURED	[JOHN DOE]	POLICY DATE	[04/01/2008]
GENDER	[MALE]	EXPIRY DATE	[04/01/2073]
AGE	[35]		

AMOUNT OF BENEFIT \$[100,000.00]

LEVEL TERM TO EXPIRY DATE

STANDARD PREMIUM CLASS

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DEFINITIONS

In this policy, the insured will be referred to as "you" or "your" and The Cincinnati Life Insurance Company as "us," "we," or "our."

Expiry Date

means the date on which insurance terminates because of expiration of a Term Period. It is shown in the Policy Specifications.

Death Benefit

means the Amount of Benefit stated in the Policy Specifications unless otherwise provided in this policy.

In Writing

means in a written form satisfactory to us and received at our Home Office.

Policy

means the legal contract between you and us.

Policy Anniversary

means an anniversary of the Policy Date. Policy years and policy months are measured from the Policy Date.

Policy Date

means the date that the policy becomes effective. It is shown in the Policy Specifications. Premium due dates, policy months, years and anniversaries are measured from this date.

PREMIUM PAYMENTS

General

All premiums are payable in advance as shown in the Policy Specifications either:

1. At our Home Office; or
2. To our authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the agent.

The first premium is due on the Policy Date. Each premium after the first is due at the end of the period for which the preceding premium was paid.

Amount of Premium

The initial premium payable under this policy is as shown in the Policy Specifications. The initial premium will not be increased above that shown.

At the end of the Guaranteed Term Period as shown in the Policy Specifications, we may change the premium level as shown in the Policy Specifications to an amount not greater than the Maximum Premium stated in the Table of Maximum Annual Premiums. Any change in premium will be at our sole discretion and apply to all policies in the same class in which the policy is issued. We will give written notice to you at your last known address of any change of premium before the Policy Anniversary after which the change of premium becomes effective. Any change in premiums will not change any values or benefits listed in the Policy Specifications.

If we change the level of premium for any policy year, we will use your original issue age, premium class, and the duration of the policy to determine any premium payable for any subsequent year.

Grace Period

We will allow a grace period of 31 days after the due date for payment of each premium after the first. This policy will continue in force during the grace period. If you die during the grace period, the unpaid premium will be deducted from the Death Benefit. If a premium is not paid by the end of its grace period, this policy will terminate.

Payment Frequency

You may change the frequency of premium payments, provided:

1. You notify us In Writing before the end of the grace period;
2. The premium satisfies our minimum amount rules; and
3. The frequency requested is currently available.

The premium for any frequency will be based on our rates in effect when this policy was issued.

Reinstatement

This policy may be reinstated at any time within five years after the due date of the first unpaid premium, provided:

1. Evidence of insurability satisfactory to us is furnished;
2. Past due premiums with interest at the rate as stated in the Policy Specifications are paid; and
3. A written application for reinstatement is submitted to us.

When this policy is reinstated, a new two-year contestable period will apply with respect to material misrepresentations made in the application for reinstatement.

POLICY CONTROL**Ownership**

You are the owner of this policy unless:

1. Another person is designated as owner in the application; or
2. A new owner has been designated as provided in the Change of Owner provision.

All of the insured's rights belong to the owner.

Change of Owner

The owner may designate a new owner by notifying us In Writing while you are alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

Assignment

The owner may assign this policy. Until we are notified In Writing, no assignment will be effective against us. We are not responsible for the validity of any assignment. The rights of the owner and beneficiary will be subject to the rights of any assignee.

BENEFICIARY

Your beneficiary is as stated in the application unless a new beneficiary has been designated as provided below.

Change of Beneficiary

The owner may change the beneficiary by notifying us In Writing while you are alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

No Named Beneficiary

If no named beneficiary survives you, then, unless this policy provides otherwise:

1. The owner will be the beneficiary; or
2. If you are the owner, your estate will be the beneficiary.

THE CONTRACT

Entire Contract

The entire contract consists of this policy, the application, the Policy Specifications, and any attached papers that we call riders, amendments or endorsements. A copy of the application is attached at issue. This contract is made in consideration of the application and the payment of premiums. We will not use any statement to void this policy or to defend against a claim under it, unless that statement is contained in the attached written application. All statements in the application will, in the absence of fraud, be deemed representations and not warranties.

Modification

The only way this contract may be modified is by a written agreement signed by our President or Secretary.

Nonparticipation

This policy is nonparticipating. It does not share in our surplus earnings. You will, therefore, receive no dividends under it.

Misstatement of Age

If your age is misstated, we will adjust all benefits under this policy. The adjusted benefits will be those the premium paid would have purchased at your correct age, based on our rates in effect when this policy was issued.

Suicide

If, within two years from the date of issue, you die by suicide, while sane or insane, the amount payable will be limited to the sum of the premiums paid.

Incontestability

We cannot contest this policy after it has been in force, during your lifetime, for two years from its date of issue, except for:

1. Nonpayment of premiums; or
2. Any rider providing disability or accidental death benefits.

CONVERSION PRIVILEGE

General

While this policy is in force you may surrender it for a new policy on your life, provided:

1. You request conversion, In Writing;
2. Your request is received prior to the Conversion Date shown in the Policy Specifications; and
3. You are not totally disabled as defined in any rider of this policy providing waiver of premium.

Evidence of insurability will not be required under this conversion privilege.

Conversion Policy

Your new policy will be on an individual, permanent life insurance plan that we make available for conversions. The Policy Date will be the date of conversion. There will always be at least one plan available for conversion.

Coverage under this policy terminates on the Policy Date of the conversion policy.

The Death Benefit of the new policy may not be:

1. More than the Amount of Benefit of this policy on the date of conversion; nor
2. Less than the allowable minimum for the plan of insurance available.

The new policy will be issued under the same risk class as this policy. If that risk class is not available for the new policy, the risk class which in our judgment most closely corresponds to the risk class of this policy will be used. Premiums will be based on the rates used by us at the time of conversion.

The new policy will contain all optional benefit riders attached to this policy provided:

1. Such riders are in force on this policy on the date of conversion; and
2. We regularly issue such riders to individuals the same age as your age last birthday on the date of conversion.

The period of time stated in the suicide and incontestability provision of any new policy to which this policy is converted will run from the date of issue of this policy.

EXCHANGE PROVISION

This policy may be exchanged for a new Level Term to Expiry Date Policy provided:

1. This policy was not issued as a result of an exchange;
2. This policy is in force and premiums are paid to the Exchange Date;
3. The exchange is requested In Writing 90 days prior to the Exchange Date as shown in the Policy Specifications;
4. Evidence of insurability satisfactory to us is furnished; and
5. The Amount of Benefit on the new policy is not greater than the Amount of Benefit of this policy.

Premiums for the new policy will be based on the table of premiums in effect on the Exchange Date for your attained age and rate class on the Exchange Date.

The new policy will become effective when:

1. We approve issuance of the new policy; and
2. We receive the first premium on the new policy.

Coverage under this policy terminates when coverage under the new policy begins.

Rider benefits included with this policy will be included with the new policy subject to our rules then in effect.

SETTLEMENT PROVISIONS

General

The proceeds payable at death may be paid in one sum. They may also be paid under one or more of the settlement options provided:

1. The total payment due is at least \$5,000.00; and
2. Each income payment provided by the option is at least \$50.00.

Election

The payee may elect an option by notifying us In Writing. No settlement option will be available except with our consent if:

1. The policy is assigned; or
2. The payee is a corporation, association, partnership, trustee, or estate.

The payee may change the election of an option by notifying us In Writing on or before the settlement date. The change will be effective on the date the notice is signed. The change is subject to any payment or actions we may have taken before receiving the notice.

If no election is in effect on the settlement date, the payee may make an election at that time.

Settlement Options

Option 1--Income For Fixed Period:

We will pay no less than the income elected from Table A. Payments will be guaranteed for the number of years chosen, not to exceed 30 years.

Option 2--Life Income With Payments Guaranteed For Ten Years:

We will pay no less than the income determined from Table B. Payments will be made while the payee is alive. Payment will be guaranteed for ten years. If the payee dies before payments have been made for the ten-year period, the value of the remaining guaranteed payments will be paid as a final payment and will be determined using no less than the minimum settlement option interest rate shown in the Policy Specifications.

Option 3--Income of Fixed Amount:

We will make equal payments of the amount chosen. These payments will be made until the amount left under this Option, with interest, is exhausted. The rate of interest will not be less than the minimum settlement option interest rate shown in the Policy Specifications. The final payment will be for the balance only.

Option 4--Current Purchase Option:

If the payee is a natural person, the payee may elect, in his own right, to receive an income equal to 102% of the income provided by our corresponding single premium immediate annuity rates for the amount of the proceeds applied. The payee may elect this option by making application, In Writing, within 31 days of the settlement date.

TABLES FOR OPTIONS--Monthly Income Per \$1,000.00 of Proceeds

TABLE A OPTION 1 Income for Fixed Period		TABLE B OPTION 2-Life Income The amount of Income is based on the age last birthday of the payee on the date of the first payment.			
No. of Years	Monthly Income	Age	Certain Period 10 Years	Age	Certain Period 10 Years
1	\$83.71				
2	42.06				
3	28.18				
4	21.24				
5	17.07				
6	14.30				
7	12.31				
8	10.83				
9	9.67	50	\$2.84	68	\$4.61
10	8.75	51	2.90	69	4.76
11	7.99	52	2.97	70	4.92
12	7.36	53	3.04	71	5.08
13	6.83	54	3.11	72	5.25
14	6.37				
15	5.97				
16	5.63	55	3.18	73	5.43
17	5.32	56	3.26	74	5.61
18	5.05	57	3.35	75	5.79
19	4.81	58	3.44	76	5.98
20	4.59	59	3.53	77	6.17
21	4.39				
22	4.21				
23	4.05	60	3.63	78	6.36
24	3.90	61	3.73	79	6.55
25	3.76	62	3.84	80	6.73
26	3.63	63	3.95	81	6.92
27	3.51	64	4.07	82	7.10
28	3.40				
29	3.30				
30	3.21				
Annual Income is 11.787 times the monthly income.		65	4.20	83	7.27
Semiannual Income is 5.951 times the monthly income.		66	4.33	84	7.43
Quarterly Income is 2.990 times the monthly income.		67	4.47	85 and over	7.58

The first installment under all options will be payable as of the date of death or election of surrender value unless provision to the contrary is made in the settlement agreement.

Income payments and reserves under Option 2 and Option 4 are based on the Annuity 2000 Mortality Table at no less than the minimum settlement option interest rate shown in the Policy Specifications.

**THE
CINCINNATI LIFE INSURANCE COMPANY**

**P.O. BOX 145496, CINCINNATI, OHIO 45250-5496
(513) 870-2000**

Level Term Life Insurance to Expiry Date Policy
Convertible to the Policy Anniversary Stated on the Policy
Specifications Page
Premiums Payable to Expiry Date
Nonparticipating

Form CLI-142-AR (4/08)

<i>SERFF Tracking Number:</i>	<i>GRJR-125561988</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38730</i>
<i>Company Tracking Number:</i>	<i>CLII42</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy</i>		
<i>Project Name/Number:</i>	<i>Form CLI-142-AR (4/08), Worksite Term/Form CLI-142-AR (4/08), Worksite Term</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GRJR-125561988 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 38730
Company Tracking Number: CLI142
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy
Project Name/Number: Form CLI-142-AR (4/08), Worksite Term/Form CLI-142-AR (4/08), Worksite Term

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 03/20/2008

Comments:

Attachments:

AR Certification Of Compliance.pdf

AR Certification of Readability.pdf

Review Status:

Satisfied -Name: Application 03/20/2008

Comments:

Form CLI-1015-AR (5/04), Application for Life Insurance was approved by your Department, August 25, 2004.

Attachment:

AR CLI-1015-AR 5-04, Worksite App.pdf

Review Status:

Satisfied -Name: Life & Annuity - Acturial Memo 03/20/2008

Comments:

Attachment:

CLI-142 (4-08) Actuarial Memorandum.pdf

Review Status:

Satisfied -Name: Statement of Variability 04/16/2008

Comments:

Attachment:

AR Statement of Variability.pdf

THE CINCINNATI LIFE INSURANCE COMPANY

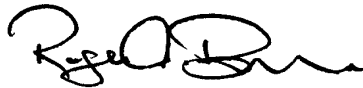
Arkansas

CERTIFICATION

Re: Form CLI-2396, Policy Amendment Rider

I, Roger A. Brown, FSA, MAAA an officer of The Cincinnati Life Insurance Company, certify that I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with Regulation 19 and, to the best of my knowledge and belief, are in compliance with all applicable requirements of the Arkansas Insurance Department.

I also certify that an important notice, as required by Ark. Code Ann. 23-79-138, and the Notice of Arkansas Life and Disability Insurance Guaranty Association, as required by Regulation 49, will be included with all issues of policy forms.



Officer

February 27, 2008

Date

Assistant Secretary

Title

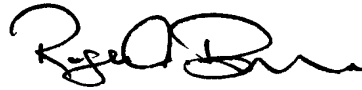
ARKANSAS CERTIFICATION

This is to certify that the attached policy Form CLI-2396, Policy Amendment Rider

has achieved a Flesch Reading Ease Score of 55.8
respectively, and complies with the requirements of Ark. Stat. Ann. 66-3251 through
66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

February 27, 2008

Date



Signature of Officer

Roger A. Brown, FSA, MAAA

Name

Assistant Secretary

Title

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. BOX 145496, Cincinnati, Ohio 45250-5496

☐ NEW ☐ INCREASE EXISTING POLICY # _____

APPLICATION FOR LIFE INSURANCE

Please print or type all information

EMPLOYEE	1. Employee (first, middle, last)		2. Employment Date		3. Employee No.	
	4. Home Address No. Street		Apt. # City		State Zip	
	5. Phone No. (H) () (W) ()		6. Soc. Sec. No.		7. Occupation	
	8. Are you actively at work and currently working at least 25 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	9. Date of Birth		10. St./Ctry. of Birth		11. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
	12. Do you now or have you smoked cigarettes within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	13. Do you belong to or intend to join the armed forces, including reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	14. Plan		15. Amount of Insurance		16. Weekly Premium	
	17. Optional Benefit Riders:		Weekly Premium		Weekly Premium	
	<input type="checkbox"/> Accelerated Benefit <input type="checkbox"/> FAIR <input type="checkbox"/> DI/WP \$ _____ <input type="checkbox"/> Waiver of Premium \$ _____		<input type="checkbox"/> CTR <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Accidental Death Benefit <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		\$ _____ \$ _____ \$ _____ \$ _____	
18. Automatic Premium Loan (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
19. Primary Beneficiary Name: _____ Relationship: _____ City & State: _____			20. Contingent Beneficiary Name: _____ Relationship: _____ City & State: _____			
OTHER PROPOSED INSURED	21. Other Proposed Insured (first, middle, last)		22. Other Proposed Insured's Soc. Sec. No.			
	23. Relationship to Employee: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild					
	24. Home Address No. Street		Apt. # City		State Zip	
	(if different from above)					
	25. Date of Birth		26. St./Ctry. of Birth		27. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
	28. Do you now or have you smoked cigarettes within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	29. Do you belong to or intend to join the armed forces, including reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	30. Contingent Owner (Name & Soc. Sec. No.)					
	31. Plan		32. Amount of Insurance		33. Weekly Premium	
	34. Optional Benefit Riders:		Weekly Premium		Weekly Premium	
<input type="checkbox"/> Accelerated Benefit <input type="checkbox"/> Waiver of Premium \$ _____ <input type="checkbox"/> Accidental Death Benefit \$ _____		<input type="checkbox"/> CTR <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____		\$ _____ \$ _____ \$ _____		
35. Automatic Premium Loan (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
36. Primary Beneficiary Name: _____ Relationship: _____ City & State: _____			37. Contingent Beneficiary Name: _____ Relationship: _____ City & State: _____			
PREMIUM	38. Total Employee Weekly Premium					\$ _____
	Total Other Proposed Insured Weekly Premium					\$ _____
	TOTAL WEEKLY PREMIUM					\$ _____

THE CINCINNATI LIFE INSURANCE COMPANY
P.O. BOX 145496, Cincinnati, Ohio 45250-5496

In Continuation of Application for Life Insurance

Please print or type all information

CHILDREN	39. CHILDREN'S TERM RIDER - All unmarried children who are less than age 19 as of date of application.										
	Full Names of Proposed Insured Children	Date of Birth	Gender M or F	Relationship to Employee	Full Names of Proposed Insured Children	Date of Birth	Gender M or F	Relationship to Employee			
THE BENEFICIARY OF CHILDREN'S COVERAGE IS, IN ALL CASES, THE POLICYOWNER.											
SIMPLIFIED ISSUE	40. Employee: Height: _____ ft. _____ in. Weight: _____ lbs.			Primary Physician:	Name: _____ Address: _____ City & State: _____						
	41. Other Proposed Insured: Height: _____ ft. _____ in. Weight: _____ lbs.			Primary Physician:	Name: _____ Address: _____ City & State: _____						
	GIVE FULL DETAILS TO ANY QUESTIONS ANSWERED "YES" IN #44										
	42. In the past five years, have you:						Other Proposed Children (as listed in #39 above)				
							Employee	Insured			
						Yes	No	Yes	No	Yes	No
a. been told you have, or been treated for:											
(1) cancer or tumor?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) stroke, high blood pressure or disease of the heart or blood vessels?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) kidney disease, diabetes, depression or anxiety?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. been hospitalized or had hospitalization recommended?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. had a physical examination or medical test with other than normal results?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Have you ever been diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETAILS	44. DETAILS OF "YES" ANSWERS:										
	Name (Including Children listed in #39)			Date/ Duration		Physician and/or Hospital Name and Address			Question Number, Condition, & Treatment		

THE CINCINNATI LIFE INSURANCE COMPANY
P.O. BOX 145496, Cincinnati, Ohio 45250-5496

In Continuation of Application for Life Insurance

Please print or type all information

REPLACEMENT

45. Is there any intention of replacing, changing or borrowing against any insurance policy or annuity contract in force on the life of any proposed insured with The Cincinnati Life Insurance Company or any other company as a result of this Application? ☐ Yes ☐ No

List all life insurance or annuities any proposed insured has in force, or applications pending. Indicate if it is to be replaced, changed or borrowed against as a result of this Application.

Complete any applicable replacement forms.

Replaced?

Proposed Insured	Insurer	Policy Number	Amount	Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

AGREEMENT

AGREEMENT: I, the undersigned, agree that: 1. This Application will be a part of any policy issued. 2. To the best of my knowledge and belief, all the answers and statements given in this Application are true and complete. 3. Upon acceptance of a policy, other than as applied for, this Application and any amendments shall be for such modified policy. When required by statute or regulation, any change in A. Plan; B. Age; C. Amount; D. Classification; or E. Benefits shall be made only upon written agreement. 4. **The Cincinnati Life Insurance Company shall incur no liability unless:** A. This Application is fully completed, dated, signed and witnessed; B. The full first premium is paid or the Payroll Deduction Authorization is completed; C. The insurability of the Proposed Insured remains as described in this Application and in any supplements to this Application; and D. A policy is formally approved by us.

I acknowledge having received and read the Important Notice to the Proposed Insured.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signed at: _____ Signed on: _____
City State Month Day Year

_____ Signature of Employee	_____ Signature of Other Proposed Insured (if required)
_____ Signature of Applicant/Owner, if other than Employee	
_____ Signature of Witness	_____ Witness Name (please print)

AGENT

For Agent: I certify, to the best of my knowledge and belief, that the answers to the questions in all parts of this Application are true and correct. I further certify that to the best of my knowledge and belief, this policy ☐ Will ☐ Will Not replace or change any existing life insurance or annuity contract now in force.

_____ Agent Signature	_____ Agent Code #	_____ Fax Number
_____ Agent Name (please print)	_____ E-Mail Address	
_____ Agency Name (please print)	_____ Agency Code #	

THE CINCINNATI LIFE INSURANCE COMPANY

Actuarial Memorandum for Worksite 20-Year Term Form CLI-142 (4/08) Level Term Life Insurance to Expiry Date Policy

I. PLAN DESCRIPTION

This is an indeterminate premium unisex term life insurance to age 100 policy form. Gross premiums paid under this policy form are guaranteed to be level for an initial 20-year premium period after which premiums increase annually but cannot exceed a schedule of maximum guaranteed attained age renewal premiums. The policy becomes an attained-age-based ART policy after the initial period of coverage where:

- The initial period is 20 years for all insureds; and
- After the initial period of coverage, the premium rates (on both the initial current premium scale and the guaranteed maximum premium scale):
 - Are based upon the attained age of the insured such that the rate of any given policy at a given attained age of the insured is independent of the year the policy was issued; and
 - Are the same as the premium rates for policies covering all insureds of the same risk class and attained age.

The policy is available to issue ages 16 to 62.

After the premium guarantee period, premiums may be adjusted upward or downward by The Cincinnati Life Insurance Company based upon anticipated future mortality, persistency and expense rates, but such adjusted premiums will not exceed the maximum premiums shown in the Policy Specification pages. Maximum premiums are differentiated by tobacco use status. There is a level annual policy fee of \$25 in all policy years.

The policy may be converted (without evidence of insurability) to a permanent insurance product, such as whole life or flexible premium adjustable life policies, offered for conversion by the company. Conversion is allowed until the end of the Guaranteed Term Period or attained age 70, whichever occurs first.

Premiums may be adjusted on in force policies on a prospective basis only after the premium guarantee period. If mortality, persistency or expense rates deviate materially from those assumed in pricing, such rates may be projected for the future life of affected policies.

A table of maximum premium rates is included with this memo as Appendix I.

The pages which follow describe the methods used to determine statutory reserves and nonforfeiture benefits for the policy form. The resulting values comply with current minimum standards for these policy factors.

II. STATUTORY MEAN RESERVES

Statutory mean reserves are calculated based on the Valuation of Life Insurance Policies Model Regulation (commonly referred to as Regulation XXX) and the Commissioner's Reserve Valuation Method (CRVM) as described in the Standard Valuation Law. Immediate payment of claims functions and the maximum statutory valuation rate for life insurance policies issued in the calendar year (4.00% for 2008 issues) will be used.

According to Regulation XXX, it is first necessary to determine the number of segments and the length of each segment as defined in Regulation XXX.

A new segment is defined for each policy year 't' for which $G_t > R_t$ where:

$$R_t = \text{Max} (Q_{x,t}/Q_{x,t-1}, 1)$$

$$Q_{x,t} = \text{Valuation mortality rate for deficiency reserves}$$

$$G_t = G_{x,t}/G_{x,t-1}$$

$$G_{x,t} = \text{Gross premium rate for policy year t for issue age x}$$

$$x = \text{Issue Age of Insured}$$

Since gross premiums paid under this policy form are guaranteed to be level for the initial premium period (G_1 through G_{20} are equal to 1) and $G_{21} > R_{21}$, the first segment is defined to be 20 years long.

Regulation XXX defines statutory reserves in each segment as the greater of the basic and minimum reserves. Further, basic reserves are defined as the greater of the unitary and segmented reserves. Minimum reserves are calculated on the same basis (unitary or segmented) as the basic reserve.

For this policy form, Cincinnati Life has elected to use the optional exemption in Section 6(F) of Regulation XXX which permits the valuation net premium for each future policy year after the first segment as the tabular cost of insurance in that future year. Cincinnati Life is allowed to exercise the option for this policy form because its gross premium rate structure satisfies one of definitional tests of Section 6(F), namely, the initial level gross premium period is constant for all insureds of the same sex and risk class. As permitted by Section 6(F), basic reserves in future years after the first segment are calculated as the tabular cost of insurance, where the mortality rates are defined to be 125% of the 2001 CSO ALB sex-distinct, smoker-distinct Ultimate Table.

Consequently, for this policy form, the calculations of basic and minimum reserves according to Regulation XXX methodology are limited to the first segment.

Basic Reserve

Basic reserves are calculated using 125% of the 2001 CSO ALB, sex-distinct, smoker-distinct Ultimate Table.

Minimum Reserve

In the first segment, the minimum reserve is calculated on the same basis (unitary or segmented) as the basic reserve with the following modifications:

1. The mortality rates are 125% of the 2001 CSO ALB, sex-distinct, smoker-distinct Ultimate Table. No X Factors are used.
2. The gross premium (including policy fees and modal loading factors) replaces the valuation net premium in the reserve calculation whenever the gross premium is less than the valuation net premium. If the gross premium exceeds the valuation net premium, the excess of the minimum reserve over the basic reserve is defined to be zero.

Statutory reserves held will be the greater of the Basic and Minimum Reserves but not less than $\frac{1}{2} c_x$, where the tabular cost of insurance is determined using 125% of the 2001 CSO ALB sex-distinct, smoker-distinct Ultimate Table.

Appendix II contains sample reserve calculations for a male non-smoker issue age 35.

III. CASH VALUES

Cash values will be calculated using 100% of the 2001 CSO ALB 50/50 gender-blended, smoker-distinct Ultimate mortality, curtate functions, with the maximum statutory non-forfeiture interest set to 125% of the current or prior year's maximum valuation interest rate, to the nearest .25%. Thus, for 2008 issues, the non-forfeiture rate for this product is 5.00%.

This form is a term policy and is not structured as a cash accumulation product. The need for providing cash values was tested according to the minimum requirements of the Standard Nonforfeiture Law for Life Insurance.

Appendix II contains a sample calculation for a non-smoker issue age 35.

In compliance with Actuarial Guideline XXII, the existence of cash values for this product was tested under both the current and maximum schedules of gross premiums. No cash values arose under either schedule for the range of issue ages available for this product.

The cash values and reserves are greater than or equal to the minimums required by law.

Signed by:



Roger A. Brown, F.S.A., M.A.A.A.
Assistant Secretary and Associate Actuary
The Cincinnati Life Insurance Company

April 3, 2008
Date

Appendix I

The Cincinnati Life Insurance Company

Policy Form: CLI-142 (4/08)

Guaranteed Renewal Premium Rates*

(Rates per Thousand of Initial Death Benefit)

* - Add \$25.00 Annual Policy Fee

<u>Attained Age</u>	<u>Nonsmoker</u>	<u>Smoker</u>
36	3.24	5.82
37	3.45	6.21
38	3.63	6.63
39	3.87	7.11
40	4.14	7.65
41	4.44	8.28
42	4.83	9.06
43	5.28	9.96
44	5.79	11.01
45	6.33	12.09
46	6.96	13.26
47	7.56	14.43
48	8.13	15.60
49	8.79	16.98
50	9.60	18.60
51	10.59	20.49
52	11.70	22.68
53	12.99	25.17
54	14.46	27.99
55	16.11	30.96
56	17.88	34.11
57	19.65	37.17
58	21.45	40.17
59	23.43	43.56
60	25.68	47.40
61	28.32	51.87
62	31.32	56.88
63	34.53	62.10
64	37.92	67.50
65	41.52	72.96
66	45.30	78.51
67	49.32	84.39
68	53.67	90.57
69	58.50	97.38
70	63.99	105.12
71	70.53	114.24
72	77.97	124.47
73	85.89	135.15
74	94.44	146.55
75	103.80	158.85
76	114.18	172.32
77	125.97	187.35
78	139.26	204.09
79	153.96	222.24
80	170.91	243.18
81	190.29	266.94
82	210.63	291.30
83	232.29	316.62
84	256.23	343.95
85	281.40	371.76
86	309.72	402.48
87	342.24	437.52
88	376.32	472.83
89	410.55	506.25
90	438.48	530.01
91	464.34	549.57
92	499.89	578.88
93	545.10	616.65
94	600.18	667.26
95	659.97	726.57
96	719.58	783.99
97	762.15	821.88
98	789.09	841.11
99	835.83	880.92

Appendix II
Cincinnati Life Insurance Company
Policy Form CLI-142 (4/08)

Reserve and Nonforfeiture Demonstration

Gender Male
Issue Age 35
Class Nonsmoker
Plan 20 year
Val Rate 4.00%

Basic Reserve - Segmented			
contadj. =	1.0199	Alpha =	1.3729
1000*19Px + 1 =	17.4269	Beta =	2.8928
1000*cx=	1.3729	K =	0.8265 (first segment)

Note: Reserves after the level premium period are equal to .5 *cx

Attained Age	t	Segment	2001 CSO Ultimate	UQx,t Valuation Mortality	Gx,t Guar. GP Rate plus PF	PVFDB per \$1000 DB	Valuation NP	PVFNetP	BOY Segmented Terminal Reserve	EOY Segmented Mean Reserve
35	1	1	0.00112	0.00140	3.50	225.73	1.37	225.73	-	0.69
36	2	1	0.00117	0.00146	3.50	233.66	2.89	233.66	-	2.21
37	3	1	0.00124	0.00155	3.50	241.87	2.89	240.35	1.52	3.71
38	4	1	0.00133	0.00166	3.50	250.35	2.89	247.34	3.01	5.18
39	5	1	0.00141	0.00176	3.50	259.10	2.89	254.64	4.45	6.60
40	6	1	0.00152	0.00190	3.50	268.14	2.89	262.28	5.85	7.96
41	7	1	0.00165	0.00206	3.50	277.45	2.89	270.28	7.17	9.22
42	8	1	0.00181	0.00226	3.50	287.04	2.89	278.66	8.38	10.36
43	9	1	0.00200	0.00250	3.50	296.88	2.89	287.45	9.44	11.32
44	10	1	0.00221	0.00276	3.50	306.98	2.89	296.68	10.30	12.06
45	11	1	0.00244	0.00305	3.50	317.31	2.89	306.38	10.93	12.56
46	12	1	0.00267	0.00334	3.50	327.90	2.89	316.59	11.30	12.80
47	13	1	0.00286	0.00358	3.50	338.74	2.89	327.34	11.40	12.77
48	14	1	0.00301	0.00376	3.50	349.89	2.89	338.64	11.26	12.53
49	15	1	0.00320	0.00400	3.50	361.41	2.89	350.49	10.92	12.07
50	16	1	0.00345	0.00431	3.50	373.28	2.89	362.96	10.33	11.30
51	17	1	0.00377	0.00471	3.50	385.48	2.89	376.09	9.39	10.14
52	18	1	0.00416	0.00520	3.50	397.97	2.89	389.96	8.01	8.48
53	19	1	0.00461	0.00576	3.50	410.72	2.89	404.65	6.06	6.21
54	20	1	0.00518	0.00648	3.50	423.71	2.89	420.25	3.46	3.17
55	21	2								
56	22	3								
57	23	4								
58	24	5								
59	25	6								
60	26	7								
61	27	8								
62	28	9								
63	29	10								
64	30	11								
65	31	12								
66	32	13								
67	33	14								
68	34	15								
69	35	16								
70	36	17								
71	37	18								
72	38	19								
73	39	20								
74	40	21								
75	41	22								
76	42	23								
77	43	24								
78	44	25								
79	45	26								
80	46	27								
81	47	28								
82	48	29								
83	49	30								
84	50	31								
85	51	32								
86	52	33								
87	53	34								
88	54	35								
89	55	36								
90	56	37								
91	57	38								
92	58	39								
93	59	40								
94	60	41								
95	61	42								
96	62	43								
97	63	44								
98	64	45								
99	65	46								

Appendix II
Cincinnati Life Insurance Company
Policy Form CLI-142 (4/08)

Reserve and Nonforfeiture Demonstration

Gender	Male
Issue Age	35
Class	Nonsmoker
Plan	20 year
Val Rate	4.00%

Quantity A Reserve - Segmented			
contadj. =	1.0199	Alpha =	1.3729
1000*19Px + 1 =	17.4269	Beta =	2.8928
1000*cx=	1.3729	K =	0.8265 (first segment)

Note: Reserves after the level premium period are equal to .5 *cx

Attained Age	t	Segment	2001 CSO Ultimate	UQx,t Valuation Mortality	Gx,t Guar. GP Rate plus PF	PVFDDB per \$1000 DB	Valuation NP	PVFNetP	BOY Segmented Terminal Reserve	EOY Segmented Mean Reserve
35	1	1	0.00112	0.00140	3.50	225.73	1.37	225.73	-	0.69
36	2	1	0.00117	0.00146	3.50	233.66	2.89	233.66	-	2.21
37	3	1	0.00124	0.00155	3.50	241.87	2.89	240.35	1.52	3.71
38	4	1	0.00133	0.00166	3.50	250.35	2.89	247.34	3.01	5.18
39	5	1	0.00141	0.00176	3.50	259.10	2.89	254.64	4.45	6.60
40	6	1	0.00152	0.00190	3.50	268.14	2.89	262.28	5.85	7.96
41	7	1	0.00165	0.00206	3.50	277.45	2.89	270.28	7.17	9.22
42	8	1	0.00181	0.00226	3.50	287.04	2.89	278.66	8.38	10.36
43	9	1	0.00200	0.00250	3.50	296.88	2.89	287.45	9.44	11.32
44	10	1	0.00221	0.00276	3.50	306.98	2.89	296.68	10.30	12.06
45	11	1	0.00244	0.00305	3.50	317.31	2.89	306.38	10.93	12.56
46	12	1	0.00267	0.00334	3.50	327.90	2.89	316.59	11.30	12.80
47	13	1	0.00286	0.00358	3.50	338.74	2.89	327.34	11.40	12.77
48	14	1	0.00301	0.00376	3.50	349.89	2.89	338.64	11.26	12.53
49	15	1	0.00320	0.00400	3.50	361.41	2.89	350.49	10.92	12.07
50	16	1	0.00345	0.00431	3.50	373.28	2.89	362.96	10.33	11.30
51	17	1	0.00377	0.00471	3.50	385.48	2.89	376.09	9.39	10.14
52	18	1	0.00416	0.00520	3.50	397.97	2.89	389.96	8.01	8.48
53	19	1	0.00461	0.00576	3.50	410.72	2.89	404.65	6.06	6.21
54	20	1	0.00518	0.00648	3.50	423.71	2.89	420.25	3.46	3.17
55	21	2								
56	22	3								
57	23	4								
58	24	5								
59	25	6								
60	26	7								
61	27	8								
62	28	9								
63	29	10								
64	30	11								
65	31	12								
66	32	13								
67	33	14								
68	34	15								
69	35	16								
70	36	17								
71	37	18								
72	38	19								
73	39	20								
74	40	21								
75	41	22								
76	42	23								
77	43	24								
78	44	25								
79	45	26								
80	46	27								
81	47	28								
82	48	29								
83	49	30								
84	50	31								
85	51	32								
86	52	33								
87	53	34								
88	54	35								
89	55	36								
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93	59	40								
94	60	41								
95	61	42								
96	62	43								
97	63	44								
98	64	45								
99	65	46								

Appendix II
Cincinnati Life Insurance Company
Policy Form CLI-142 (4/08)

Reserve and Nonforfeiture Demonstration

Gender	Male
Issue Age	35
Class	Nonsmoker
Plan	20 year
Val Rate	4.00%

Cash Values

1000* EA = 19,254.11

Attained Age	t	Segment	2001 CSO Ultimate	Non-Forfeiture Mortality	Guar. GP Rate w/o PF	PVFDB per \$1000 DB	Non-Forfeiture NP	Non-Forfeiture PVFNetP	BOY Terminal Cash Value
35	1	1	0.00102	0.00102	3.06	134.44	1.22	153.69	-
36	2	1	0.00108	0.00108	3.06	140.28	1.22	160.26	-
37	3	1	0.00115	0.00115	3.06	146.38	1.22	167.17	-
38	4	1	0.00121	0.00121	3.06	152.72	1.22	174.45	-
39	5	1	0.00129	0.00129	3.06	159.34	1.22	182.11	-
40	6	1	0.00138	0.00138	3.06	166.23	1.22	190.17	-
41	7	1	0.00148	0.00148	3.06	173.40	1.22	198.67	-
42	8	1	0.00161	0.00161	3.06	180.86	1.22	207.63	-
43	9	1	0.00176	0.00176	3.06	188.60	1.22	217.08	-
44	10	1	0.00193	0.00193	3.06	196.61	1.22	227.05	-
45	11	1	0.00211	0.00211	3.06	204.91	1.22	237.58	-
46	12	1	0.00232	0.00232	3.06	213.49	1.22	248.70	-
47	13	1	0.00252	0.00252	3.06	222.36	1.22	260.46	-
48	14	1	0.00271	0.00271	3.06	231.55	1.22	272.88	-
49	15	1	0.00293	0.00293	3.06	241.07	1.22	286.02	-
50	16	1	0.00320	0.00320	3.06	250.93	1.22	299.92	-
51	17	1	0.00353	0.00353	3.06	261.11	1.22	314.64	-
52	18	1	0.00390	0.00390	3.06	271.59	1.22	330.25	-
53	19	1	0.00433	0.00433	3.06	282.37	1.22	346.83	-
54	20	1	0.00482	0.00482	3.06	293.43	1.22	364.47	-
55	21	2	0.00537	0.00537	16.11	304.75	6.43	383.26	-
56	22	3	0.00596	0.00596	17.88	316.32	7.14	397.81	-
57	23	4	0.00655	0.00655	19.65	328.13	7.85	412.66	-
58	24	5	0.00715	0.00715	21.45	340.21	8.56	427.86	-
59	25	6	0.00781	0.00781	23.43	352.60	9.35	443.43	-
60	26	7	0.00856	0.00856	25.68	365.27	10.25	459.37	-
61	27	8	0.00944	0.00944	28.32	378.21	11.31	475.64	-
62	28	9	0.01044	0.01044	31.32	391.37	12.50	492.20	-
63	29	10	0.01151	0.01151	34.53	404.73	13.79	508.99	-
64	30	11	0.01264	0.01264	37.92	418.27	15.14	526.02	-
65	31	12	0.01384	0.01384	41.52	432.00	16.58	543.29	-
66	32	13	0.01510	0.01510	45.30	445.93	18.09	560.81	-
67	33	14	0.01644	0.01644	49.32	460.08	19.69	578.60	-
68	34	15	0.01789	0.01789	53.67	474.44	21.43	596.67	-
69	35	16	0.01950	0.01950	58.50	489.02	23.36	615.00	-
70	36	17	0.02133	0.02133	63.99	503.80	25.55	633.58	-
71	37	18	0.02351	0.02351	70.53	518.72	28.16	652.35	-
72	38	19	0.02599	0.02599	77.97	533.70	31.13	671.18	-
73	39	20	0.02863	0.02863	85.89	548.65	34.29	689.99	-
74	40	21	0.03148	0.03148	94.44	563.59	37.70	708.78	-
75	41	22	0.03460	0.03460	103.80	578.50	41.44	727.53	-
76	42	23	0.03806	0.03806	114.18	593.35	45.59	746.21	-
77	43	24	0.04199	0.04199	125.97	608.11	50.29	764.76	-
78	44	25	0.04642	0.04642	139.26	622.67	55.60	783.08	-
79	45	26	0.05132	0.05132	153.96	636.95	61.47	801.03	-
80	46	27	0.05697	0.05697	170.91	650.88	68.23	818.55	-
81	47	28	0.06343	0.06343	190.29	664.30	75.97	835.43	-
82	48	29	0.07021	0.07021	210.63	677.03	84.09	851.44	-
83	49	30	0.07743	0.07743	232.29	689.05	92.74	866.55	-
84	50	31	0.08541	0.08541	256.23	700.29	102.30	880.70	-
85	51	32	0.09380	0.09380	281.40	710.59	112.35	893.64	-
86	52	33	0.10324	0.10324	309.72	719.84	123.65	905.28	-
87	53	34	0.11408	0.11408	342.24	727.72	136.64	915.19	-
88	54	35	0.12544	0.12544	376.32	733.73	150.24	922.75	-
89	55	36	0.13685	0.13685	410.55	737.48	163.91	927.47	-
90	56	37	0.14616	0.14616	438.48	738.58	175.06	928.85	-
91	57	38	0.15478	0.15478	464.34	737.09	185.38	926.97	-
92	58	39	0.16663	0.16663	499.89	732.54	199.58	921.26	-
93	59	40	0.18170	0.18170	545.10	723.02	217.63	909.28	-
94	60	41	0.20006	0.20006	600.18	705.69	239.62	887.49	-
95	61	42	0.21999	0.21999	659.97	676.20	263.49	850.39	-
96	62	43	0.23986	0.23986	719.58	628.22	287.29	790.06	-
97	63	44	0.25405	0.25405	762.15	552.23	304.28	694.49	-
98	64	45	0.26303	0.26303	789.09	436.74	315.04	549.25	-
99	65	46	0.27861	0.27861	835.83	265.34	333.70	333.70	-

Appendix II
Cincinnati Life Insurance Company
Policy Form CLI-142 (4/08)

Reserve and Nonforfeiture Demonstration

Gender	Male
Issue Age	35
Class	Nonsmoker
Plan	20 year
Val Rate	4.00%

Reserve Summary

*Note: Reserves after the level premium period are equal to .5 *cx*

Attained Age	t	Segment	Basic Unitary Mean Reserve	Basic Segmented Mean Reserve	Method for Basic Reserves (S, U)	Qty A Segmented Mean Reserve	Final Mean Reserve	Cash Value	.5*cx Reserve Floor	Final Floored Reserve
35	1	1	0.69	0.69	S	0.69	0.69	-	0.69	0.69
36	2	1	1.13	2.21	S	2.21	2.21	-	0.72	2.21
37	3	1	1.51	3.71	S	3.71	3.71	-	0.76	3.71
38	4	1	1.80	5.18	S	5.18	5.18	-	0.82	5.18
39	5	1	2.00	6.60	S	6.60	6.60	-	0.86	6.60
40	6	1	2.08	7.96	S	7.96	7.96	-	0.93	7.96
41	7	1	2.02	9.22	S	9.22	9.22	-	1.01	9.22
42	8	1	1.77	10.36	S	10.36	10.36	-	1.11	10.36
43	9	1	1.28	11.32	S	11.32	11.32	-	1.23	11.32
44	10	1	0.52	12.06	S	12.06	12.06	-	1.35	12.06
45	11	1	-	12.56	S	12.56	12.56	-	1.50	12.56
46	12	1	-	12.80	S	12.80	12.80	-	1.64	12.80
47	13	1	-	12.77	S	12.77	12.77	-	1.75	12.77
48	14	1	-	12.53	S	12.53	12.53	-	1.84	12.53
49	15	1	-	12.07	S	12.07	12.07	-	1.96	12.07
50	16	1	-	11.30	S	11.30	11.30	-	2.11	11.30
51	17	1	-	10.14	S	10.14	10.14	-	2.31	10.14
52	18	1	-	8.48	S	8.48	8.48	-	2.55	8.48
53	19	1	-	6.21	S	6.21	6.21	-	2.83	6.21
54	20	1	-	3.17	S	3.17	3.17	-	3.17	3.17
55	21	2	-	-	-	-	-	-	3.57	3.57
56	22	3	-	-	-	-	-	-	3.97	3.97
57	23	4	-	-	-	-	-	-	4.36	4.36
58	24	5	-	-	-	-	-	-	4.76	4.76
59	25	6	-	-	-	-	-	-	5.22	5.22
60	26	7	-	-	-	-	-	-	5.77	5.77
61	27	8	-	-	-	-	-	-	6.45	6.45
62	28	9	-	-	-	-	-	-	7.24	7.24
63	29	10	-	-	-	-	-	-	8.11	8.11
64	30	11	-	-	-	-	-	-	9.01	9.01
65	31	12	-	-	-	-	-	-	9.95	9.95
66	32	13	-	-	-	-	-	-	10.90	10.90
67	33	14	-	-	-	-	-	-	11.89	11.89
68	34	15	-	-	-	-	-	-	12.94	12.94
69	35	16	-	-	-	-	-	-	14.12	14.12
70	36	17	-	-	-	-	-	-	15.49	15.49
71	37	18	-	-	-	-	-	-	17.16	17.16
72	38	19	1.23	-	-	-	-	-	19.10	19.10
73	39	20	4.83	-	-	-	-	-	21.16	21.16
74	40	21	8.70	-	-	-	-	-	23.36	23.36
75	41	22	12.96	-	-	-	-	-	25.77	25.77
76	42	23	17.65	-	-	-	-	-	28.48	28.48
77	43	24	22.80	-	-	-	-	-	31.63	31.63
78	44	25	28.23	-	-	-	-	-	35.28	35.28
79	45	26	33.73	-	-	-	-	-	39.39	39.39
80	46	27	39.54	-	-	-	-	-	43.96	43.96
81	47	28	46.11	-	-	-	-	-	48.93	48.93
82	48	29	53.33	-	-	-	-	-	54.19	54.19
83	49	30	61.20	-	-	-	-	-	59.94	61.20
84	50	31	69.87	-	-	-	-	-	66.33	69.87
85	51	32	78.64	-	-	-	-	-	73.44	78.64
86	52	33	87.70	-	-	-	-	-	81.26	87.70
87	53	34	98.01	-	-	-	-	-	89.72	98.01
88	54	35	109.44	-	-	-	-	-	98.70	109.44
89	55	36	121.28	-	-	-	-	-	108.13	121.28
90	56	37	129.39	-	-	-	-	-	117.52	129.39
91	57	38	131.28	-	-	-	-	-	126.76	131.28
92	58	39	129.85	-	-	-	-	-	136.44	136.44
93	59	40	127.77	-	-	-	-	-	146.66	146.66
94	60	41	128.77	-	-	-	-	-	157.41	157.41
95	61	42	136.19	-	-	-	-	-	168.06	168.06
96	62	43	153.88	-	-	-	-	-	178.46	178.46
97	63	44	176.13	-	-	-	-	-	189.55	189.55
98	64	45	193.28	-	-	-	-	-	201.36	201.36
99	65	46	213.97	-	-	-	-	-	213.97	213.97

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy
State of Arkansas

LOCATION/ITEM

DESCRIPTION

RANGE

Front Jacket

Insured	Name of insured.	Unlimited
Policy Number	Sequential number assigned to identify the policy in our administration system.	Unlimited

Page 2

Amount of Benefit	Amount of coverage elected by applicant.	25,000 – 200,000
Duration of Premium Payments	Number of years in which premiums must be paid until the insured is 99.	83 – 37 Years
Initial Premium Per Stated Interval	Amount of modal premium due on the base policy determined by the insured's smoking status and age.	\$25,000, Age 16, nonsmoker rate = \$6.81 \$200,000, Age 62, smoker rate = \$634.08
Year of Maturity or Expiry	Date the policy and any additional benefits expire. For the policy, this will correspond to the policy anniversary after which the insured turns 100. For optional benefit riders, this date will vary based on the termination provision of the rider.	Year of issue plus the number of years until the insured is age 100. Optional benefits will be the year of issue plus the number of years until the rider terminates as provided in the rider.
Exchange Date	The date on which the policy may be exchanged for a new level term life insurance to expiry date policy – the 20 th policy anniversary.	Policy Date plus 20 years.
Conversion Date	Date corresponds to the end of the guaranteed term period or the policy anniversary after the insured turns 70, whichever occurs first.	Policy Date plus 8 to 20 years.
Policy Number	Sequential number assigned to identify the policy in our administration system.	Unlimited
Insured	Name of insured.	Unlimited
Gender	Gender of insured.	Male/Female
Age	Age of insured.	16 – 62
Date of Issue	The date the policy is physically issued from our administration system.	Unlimited
Policy Date	The effective date of the coverage.	Unlimited
Expiry Date	The policy anniversary after which the insured turns age 100 and the date the policy terminates.	Date of issue plus 38 to 84 years.

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-142-AR (4/08), Level Term Life Insurance to Expiry Date Policy
State of Arkansas

Premium Intervals	The frequency in which premiums are due.	In Worksite Marketing the initial mode will be monthly but may be changed to quarterly, semi-annual and annual. There are no modal factors.
First Interval Premium Total	The total modal premium due for the base policy.	\$25,000, Age 16, nonsmoker rate = \$6.81 \$200,000, Age 62, smoker rate = \$634.08

Page 3

Attained Age of Insured	The age of the insured on each policy anniversary.	16 – 99
Current Annual Premiums	The premium that is guaranteed for the first 20 years of the policy and the premium that we are currently charging at the end of the 20-year term period.	\$25,000, Age 16, nonsmoker rate = \$81.75 \$200,000, Age 62, smoker rate = \$7,609.00
	All other variable are explained under Page 2	

Page 3A

Attained Age of Insured	The age of the insured on each policy anniversary.	16 – 99
Maximum Annual Premium	The maximum annual premium that can be charged for each age of the insured.	\$25,000, Age 16, nonsmoker rate = \$81.75 \$200,000, Age 99, smoker rate = \$176,209
	All other variable are explained under Page 2.	